



RTR FINANCIAL SERVICES, INC.

September 24, 2015

RALPHY RODRIGUEZ
8631 FT HAMILTON PKWY
APT 3F
BROOKLYN, NY 11209

RE: MAIMONIDES MEDICAL CENTER
Patient's Name: RALPHY RODRIGUEZ
Account Number: 24 - 1407317787
Date of Service - 7/06/14
Balance Due: \$ 554.45

Dear RALPHY RODRIGUEZ:

Enclosed is a copy of the itemized bill you requested regarding the above referenced account. Upon your review, please remit payment in full to us in the enclosed self-addressed envelope.

Should you have any questions, please contact Mr. Miller.

This communication is from a debt collector and any information obtained will be used for the purpose of collecting this debt.

Thank you for your continued cooperation and your anticipated payment.

Very truly yours,

RTR Financial Services, Inc.
Enclosures

Executive Office: 2 Teleport Drive, Suite 302, Staten Island, NY 10311
Tel: (718) 668-2881 • Fax: (718) 668-1937
Toll Free: (855) 399-4RTR (4787)
N.Y.C. Dept. of Consumer Affairs License # 1000523

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Finance Division
Patient Accounts

Maimonides Medical Center
4802 Tenth Avenue
Brooklyn, New York 11219-2916

Fax: (718) 283-6780

BROOKLYN NY 11219-2916

PRINT DATE: 06/24/15-09:11

INPATIENT ACCTS: 718 283-6740

PAGE: 1

PATIENT#: 1663833 RODRIGUEZ, RALPHY

BIRTHDATE: 05/02/2007 SEX: M

BILL TO: RODRIGUEZ, GERALDO
8831 FT HMLTN PKWY

PHONE#-H: 347-204-5915
W:

BROOKLYN NY 11209

RELATION: FTR

ACCOUNT DETAIL

ACCOUNT ID NUMBER	DATE POSTED	TRANSACTION DESCRIPTION		ESTIMATED INSURANCE	PATIENT BALANCE
501701837	REG: 07/06/14-ER	L-VST: 07/06/14			
OP#587999	07/06/14	ER LEVEL III	IKP	587.00	.00
		IBUPROFEN 100MG/5ML SUSP	IKP	8.00	.00
	07/23/14	CONTRACTUAL ALLOW-MEDICA	IKP	89.25-	.00
	09/22/14	DNY D6	IKP	.00	.00
	12/01/14	DNY18	IKP	.00	.00
	12/03/14	TRANSFR 505.75 TO IN6	IKP	.00	.00
	12/09/14	141209-DNY/NOT SUDDEN AND	IN6	.00	.00
	04/16/15	TRANSFR 505.75 TO S3S	SLF	.00	.00
		NYS SURCHRG ADJ: 9.63%	S3S	.00	48.70
		TRANSFER FROM/TO PAT RESP		505.75-	505.75

ACCOUNT SUMMARY

ACCOUNT ID NUMBER	INPATIENT OR OUTPATIENT ACCOUNT DESCRIPTION	TOTAL BALANCE	ESTIMATED INSURANCE	PATIENT BALANCE
OP#587999 501701837	REG: 07/06/14-ER	554.45	.00	554.45
	TOTAL:	554.45	.00	554.45